



HAWAII STATE ETHICS COMMISSION
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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Hong	Lea		524-8563
MAILING ADDRESS (Street)			FAX
212 Merchant Street, Suite 320			524-8565
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Trust for Public Land			524-8563
MAILING ADDRESS (Street)			FAX
212 Merchant St., Suite 320			524-8565
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
The Trust for Public Land		524-8563
MAILING ADDRESS (Street)		FAX
212 Merchant St., Suite 320		524-8565
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lea Hong		524-8563
MAILING ADDRESS (Street)		FAX
212 Merchant St., Suite 320		524-8565
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Lea Hong
(Signature of Lobbyist)

Sept 1, 2006
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Lea Hong

Hawaiian Islands Program Director

NAME OF ORGANIZATION (if applicable)

The Trust For Public Land

TELEPHONE

524-8563

MAILING ADDRESS (Street)

212 Merchant St. , Suite 320

FAX

524-8565

(City)

(State)

(Zip Code)

Honolulu

Hawaii

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Lea Hong Hawaiian Islands Program Director, Sept. 1, 2006
(Signature of Authorizing Officer or Person Represented) (Date)